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ABSTRACT

Alternative high school students have typically had a history of acting out behaviors in the classroom. To address this behavior, the effects of two psychoeducational groups (anger control and goal setting) on state and trait anger, anger expression, and on self-efficacy beliefs of these students were evaluated. The 57 participants were given pre- and post-tests on anger expression using the State-Trait Anger Expression Inventory (STAXI). Self-efficacy beliefs for anger control, goal setting, and general group behavior and communication skills were also administered. It was hypothesized that each treatment would have a favorable impact on the self-efficacy items related to it, that participants in both treatment groups would show gains in self-efficacy for general group behavior and communication skills, and that the anger control treatment would decrease state anger and anger expression. Results indicate that the treatment groups failed to effect change on the outcome measures, although anecdotal evidence suggests that the treatments did have some impact. The failure of the treatment groups to change measurable behavior may have been due to the treatments not being sufficiently powerful to create changes. Likewise, the treatment goals, such as life planning, may have contradicted the students' "I don't care" attitude. Other reasons for failed treatment outcomes are also explored. Contains 18 references. (RJM)

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Running Head: GROUPS FOR ALTERNATIVE STUDENTS

An Evaluation of Psychoeducational Groups for Alternative High School Students

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Abstract

In this study we evaluated the effects of two psychoeducational groups (anger control and goal setting) on state and trait anger, anger expression, and on self-efficacy beliefs of alternative high school students. Participants (N = 57) were pre- and post-tested using the State-Trait Anger Expression Inventory (STAXI) with subscales for (a) state anger, (b) trait anger, and (c) anger expression, and on a measure of self-efficacy related to (a) anger management, (b) goal setting, and (c) group behavior and interpersonal communication. We hypothesized that each treatment would favorably impact the self-efficacy items related to it, that participants in both treatment groups would show gains in self-efficacy for general group behavior and communication skills, and that the anger control treatment would decrease state anger and anger expression. Results of a series of Repeated Measures ANOVAS revealed no group effects or group by time interaction effects. Analysis of Cohen's d effect sizes for the treatment groups in comparison with the control condition indicated only small treatment effects for the goal setting group on the STAXI, and small, negative treatment effects for the anger control group on the STAXI and on state anger. Thus, results failed to support the hypotheses with the current data set. Limitations of this study and implications for future research and group practice within schools are discussed.

An Evaluation of Psychoeducational Groups for Alternative High School Students

Exploring the problems of and interventions for youth at risk for a variety of psychosocial problems is clearly in the future of applied psychology. Although a great deal has been written about at risk youth in the decade since the National Commission on Excellence in Education's report, A Nation At Risk, was presented in 1983, few studies have examined adolescents in the alternative high school setting (McWhirter, McWhirter, McWhirter, & McWhirter, 1993). Youth enrolled in alternative high schools are considered at risk along a number of dimensions with the most unifying factor being at risk for school dropout. For most, the alternative high school is the last step before leaving the educational environment completely. Adolescents in this setting experience a combination of difficulties that impact their performance, such as exposure to abuse, alcohol and drugs, economic despair, anomie, and social skills deficits (McWhirter et al., 1993). As such, students in alternative high schools represent a population that merits closer attention.

Alternative high school students have typically had a history of acting out behaviors in the classroom, fighting, and neglecting to turn in homework, all of which interfere with student performance and correlate with school failure (Stevens & Pihl, 1987). Such behaviors are self-defeating and belie a number of other feelings and internal problems. Frustration and anger, for example, are often communicated through aggression and acting out behaviors. These behaviors often lead to social rejection by normative peers and acceptance by deviant peer groups, which further exacerbate the problems that young people face (McWhirter & McWhirter, 1995; Patterson, De Baryshe, & Ramsey, 1989). This dynamic progression of behaviors reflects fundamental deficits in anger management and decision making skills.

Youth at risk for dropout also suffer from poor concentration, time management, goal setting, and decision making abilities (Beyth-Marom,

Fischhoff, Jacobs, & Furby, 1989). Students with these deficits not only self-destruct, but have a negative effect on the educational process of other students. This may explain why problem solving and decision making skills interventions have been shown to help students on a number of dimensions, including improving academic performance (Beyth-Marom et al., 1989). In one study conducted in this area, Gaa (1979) demonstrated that goal setting skills taught in the group format enhanced students' perceptions of being able to control reinforcements within the classroom. As perceived control of reinforcements increased (an internal orientation) academic achievement also increased. Cauce, Hannan, and Sargeant (1992) supported Gaa's results, further highlighting the effectiveness of teaching goal setting skills.

These studies suggest that anger management and decision-making skills can potentially mediate the school difficulties of youth at risk for dropout and other psychosocial problems. Results of these studies also support the value of providing psychoeducational skills in anger control and goal setting to students at risk for school dropout as a critical element in their social, academic, and work related survival. Training in such psychoeducational skills, however, has rarely been evaluated among alternative high school students (Myrick, 1993). Furthermore, in the past two decades, schools across the country have faced increasing cutbacks in funding and personnel, leaving them in many cases unable to provide the necessary resources required for implementing and evaluating many psychological or psychoeducational services. Groups are therefore becoming and will continue to become increasingly valuable as an efficient and cost effective method of service delivery within schools (Myrick, 1993).

As a method of service delivery, group interventions can be very beneficial to all schools in general and to alternative high schools in particular. First, groups have unique therapeutic benefits that are difficult to achieve through other methods (Fuhriman & Burlingame, 1990; Yalom, 1985). These include opportunities for group members to experience vicarious learning, to experience role flexibility as both helpers and helpseekers, and

for group members to gain a sense of universality by observing that others are struggling with similar issues. Furthermore, groups can provide members with a sense of community (a social microcosm) in which they feel less isolated and alone, and can be helpful to members by providing structured opportunities for interpersonal learning (Fuhriman & Burlingame, 1990; Yalom, 1985). Each of these benefits can help to counter the many negative elements within the lives of youth at risk for school dropout. The opportunity for interpersonal learning, in particular, relates to the power of peer feedback among adolescents. If feedback from peers can be tied to prosocial and supportive norms through skill building in groups, the interpersonal experiences have a much greater chance of being successful and of countering other, more negative peer norms (Gazda, 1989; McWhirter et al., 1993). Although psychoeducational groups have a greater focus on learning and rehearsal of skills than on therapy per se, the benefits listed are still relevant. Finally, groups are also an efficient modality of service delivery for psychology in the schools, especially in this time of decreasing resources. Since groups have a number of therapeutic and pragmatic benefits, their potential use within schools deserves continued evaluation.

Purpose of the Study

The purpose of this study was to evaluate the effects of two psychoeducational groups (anger control and goal setting) on state anger, anger expression, and the self-efficacy beliefs of alternative high school students at risk for school dropout. Self-efficacy beliefs for (a) anger control, (b) goal setting, and (c) general group behavior and communication skills were explored. Specifically, we hypothesized that each treatment group would favorably impact the measure of self-efficacy related to it; that participants in both treatment groups would show gains in self-efficacy for general group behavior and communication skills; and that the anger control treatment group would decrease the incidence of state anger as well as decrease the expression of anger. In light of limited resources and the need for efficient interventions, a five week group treatment program was

implemented. Results of this study not only shed light on the effectiveness of these specific, time-limited types of group interventions for youth at risk for school dropout, but also provide information about the general state-trait anger and self-efficacy beliefs of young people in an alternative high school environment.

Method

Participants

Participants consisted of students enrolled in an alternative high school in a medium-sized city in the Midwest. Participants consisted of 53 male and 41 female students between the ages of 16 and 20. The majority indicated "White" as their ethnic background, with two students identifying as "African American," two as "Hispanic," and one as "Native American." Students were invited to volunteer for either the anger control or the goal setting group depending on their classroom. A majority of the students were employed, some were legally independent, and all had previously been enrolled in a traditional high school. All were required to apply for admission and entry into the alternative high school and were at risk for school dropout. Over two academic quarters, 33 students participated in the anger control groups, 35 in the goal setting groups, and 26 in the no-treatment control group (students from another classroom who were not given an opportunity to experience a group). Attrition from the study was essentially equivalent across each condition and accounted for the loss of 28 students during both quarters, which was not uncommon for this alternative school setting. Due to incomplete data or unfinished post-tests for the remainder of the sample, an additional 9 participants were dropped from analysis, leaving a total $N = 57$.

Instruments

State Trait Anger Expression Inventory (STAXI). The STAXI (Spielberger, 1991) is a frequently used 44 item measure designed to assess State Anger (10 items related to intensity of angry feelings at a particular time), Trait Anger (10 items related to individual differences in the disposition to experience anger), and Anger Expression (24 items related to the frequency

that anger is expressed) on a 4-point Likert scale ranging from "almost never" to "almost always." The measure demonstrates good test-retest reliability and convergent validity (Spielberger, 1991). Internal consistency for each subscale is high, with alpha coefficients for both sexes of .87 for Trait Anger, .93 for State Anger, and between .73 to .84 for Anger Expression. In the present study we obtained alpha coefficients of .85 for the full scale STAXI, .91 for State Anger, .89 for Trait Anger, and .69 for Anger Expression. Higher scores on the STAXI indicate a greater inclination to experience, express, or suppress anger.

Self-Efficacy for Anger Control, Goal setting, and Interpersonal Communication. These constructs were measured via a 58 item self-efficacy questionnaire that was developed from behavioral and learning objectives from each of the groups, as outlined by the group leaders. Each of these objectives was converted into items by adding the prefix "How confident are you that you could..." on a 7-point Likert scale ranging from "Completely Confident" to "Not-at-all Confident." The questions referred to both skills and knowledge related to three areas: (a) anger management (19 items), (b) goal setting (28 items), and (c) general group behavior and interpersonal communication (11 items). Sample items include: "How confident are you that you could recognize your own 'cycle of anger'," "How confident are you that you could identify values that are important to you," and "How confident are you that you could acknowledge and obey group 'ground rules'." Internal consistencies were calculated on pretest scores for the full scale Self-Efficacy measure and for each of the three subscales. Results indicated alpha coefficients of .96 for the full scale Self-Efficacy measure, .89 for the Anger Management Efficacy subscale, .93 for the Goal Setting Efficacy subscale, and .85 for the Group Behavior and Communication Skills Efficacy subscale.

Procedure

Participants were given information about the groups and assented to participate. As part of an advanced group counseling practicum experience, masters level counseling students co-led these groups with one of the two

classroom teachers (classes at this school were co-taught in blocks of two hour time periods). Students who chose not to participate in the groups were given another curriculum option that was provided by the teacher who was not co-leading a group. Groups were conducted over the third and fourth academic quarters. Each group consisted of 8 to 10 students from the same classroom who met for one hour sessions, one to two times per week for five weeks. The participants completed a pre- and post-test "experiences survey," which included the STAXI, the self-efficacy measure, and demographic questions. The groups were grounded in the theoretical notion that children and youth in our society learn, play, and socialize in groups, which makes groups an effective medium for psychological education (Morganett, 1990; Seligman, 1982). The content of the groups are briefly described below.

Anger control. The anger control group met for nine 1-hour sessions in five weeks and followed the anger control curriculum in the text Skills for living: Group counseling activities for young adolescents (Morganett, 1990). Activities included distinguishing between appropriate and inappropriate expressions of anger, recognizing anger cues, and learning better coping self-statements. Homework included maintaining anger logs, identifying anger in specific interpersonal interactions, and worksheets designed to help change faulty thinking. Role-playing activities and group discussion around specific topics were included. Participants were frequently asked to share how the topics and activities related to their personal experiences. The group met in a conference room instead of the classroom which helped to decrease the feeling that the group experience was simply another class activity.

Goal setting. The goal setting group met for six 1-hour sessions in five weeks and focused on issues related to career planning, decision making, and setting and evaluating goals. Group activities included a values auction, learning about and setting short-, medium-, and long-term goals, and imagery exercises on career futures. Homework assignments included worksheets on exploring occupational and life goals and barriers, acquiring information on community colleges and training schools, and other activities. Like the anger

control group, this group included both cognitive and behavioral activities, such as role-plays, and interpersonal process around the topics presented. This group also met in a conference room outside of the regular classroom.

Control condition. Students in another class were assessed at pre- and post-test and received no intervention related to the active treatment conditions. The participants in this group had no opportunity to experience a group activity.

Results

Preliminary Analyses

One-factor ANOVAs, conducted on pretest scores for all participants, revealed no significant differences on any of the pre-test measures, indicating pre-treatment equivalence. Therefore, data from the first and second round groups (from the third and fourth academic quarters) were combined, leaving a total $N = 57$, with $n = 19$ for the Anger Management group, $n = 24$ for the Goal Setting group, and $n = 14$ for the Control group. For the few participants who received both treatments or any combination of treatment and control over the two academic quarters in which the groups were conducted, only data from their first group experience was utilized in analysis.

Posttest Treatment Effects

A series of 3 (treatment) x 2 (time) Repeated Measures ANOVAs were conducted for the group treatment and control conditions for each of the full scale and subscale measures. Repeated measures ANOVAs were employed because our hypotheses pertaining to treatment outcome were at the univariate level. That is, we predicted that the anger management group treatment would influence change on the State Anger and Anger Expression subscales of the STAXI and that each treatment would influence change on its respective self-efficacy subscales. At the same time, we did not specifically hypothesize that the goal setting group treatment would influence change on measures of anger control. Thus, we utilized 3 x 2 Repeated Measures ANOVAs to assess the specific effects of the groups.

Results of the analyses revealed an overall time effect on the Anger

Management efficacy subscale, suggesting that all groups, regardless of the treatment received, improved in their self-efficacy beliefs related to anger control skills from pre- to post-test [$F(1, 54) = 4.31$, $p < .043$]. No group effect or group by time interaction effect emerged, suggesting that participants in the active treatment groups failed to show gains significantly greater than participants in the control condition. Thus, results failed to support the hypotheses of this study with the current data set. Summary data from the STAXI and Self-Efficacy measures for the treatment and control conditions across each testing occasion are presented in Table 1. Analysis of Variance tests of significance are presented in Table 2.

Effect Size Analyses

Analyses of Cohen's *d* effect size for each treatment and control condition from pre- to post-test for each measure are presented in Table 1. In comparison with the effect sizes for the control condition, there were only a few small treatment effect sizes: The goal setting treatment revealed a small effect size on the STAXI ($d = .30$), and the anger control group demonstrated negative and small treatment effects on the STAXI ($d = -.24$) and on the state anger subscale ($d = -.29$). Although the effect sizes for both treatment groups on the anger management efficacy subscale approached .4, these were not substantially different from changes seen also in the control condition. As, such, no other effect sizes greater than .2 (small effect size) emerged for either of the treatments in comparison with the control condition.

Discussion

This study was conducted in the context of a collaborative relationship between the primary author and the faculty and staff of an alternative high school. Counselors who provided the psychoeducational group interventions at this school learned group leadership skills, received exposure to working with at risk youth, and learned school-based consultation skills as they co-led groups with teachers. Teachers learned about group processes and dynamics and about alternative models of presenting a life-skills curriculum. Although teacher and counselor perceptions were not formally assessed, informal teacher

reports suggested that on a number of occasions that students utilized many of the skills that they learned in the treatment groups. While we have not experimentally demonstrated the effectiveness of these groups, comments from teachers who interacted with group members indicated that their students displayed improved behaviors in the classroom and better problem solving abilities in their interactions with peers. This anecdotal data, and the fact that teachers and counselors learned skills that will continue to assist them in their future work with this student population, should not be overlooked.

The failure of the treatment groups to effect change on the outcome measures may be due to a number of factors. First, when a study fails to detect differences, lack of power may be a concern. A post hoc statistical power analysis (Cohen, 1988) using the final n, indicated that the hypothesized effects in the 3 (treatment) x 2 (time) Repeated Measures ANOVAs had sufficient power to detect only "large" (i.e., .8) effect sizes with two-tailed tests on all measures. Increasing the sample size, therefore, may have provided greater power to detect differences not immediately observable with the current sample size. Conversely, results of the effect size analyses suggests that the treatments were simply not sufficiently powerful to effect changes on the outcome measures, and so increasing the overall sample size may not, in fact, change the outcome. Both scenarios support the notion of further and more refined study in this area.

The effect sizes that were noted were small and in directions not specifically hypothesized. For instance, the goal setting group had a small to medium treatment effect size on the STAXI which was not directly related to the treatment that participants received. Generalization most likely occurred, however, which suggests that the goal setting treatment may have actually helped participants with their experiences and expression of anger as a result of the treatment package. Further, the anger control group demonstrated only small treatment effect sizes on the STAXI and state anger subscale as well, but participants indicated a slightly greater proneness to experience and/or suppress anger after the treatment than before. Although tentative, this

suggests that participants may have increased their sensitivity to their internalized experiences of anger as a result of the treatment. While they may not have fully learned how to best respond to these feelings and improved self-knowledge, the treatment may have been helpful in helping them to recognize and understand their anger better.

Another reason that the treatments were not effective may have been because the treatments that were provided were time-efficient, short-term psychoeducational group interventions for a high-risk, chronic population. Many of the youth in this alternative school had severe social, communication, and academic skills deficits. Because schools across the country are facing cutbacks in financial resources and personnel, it is especially important to develop and test short-term treatment interventions, with the ultimate goal of producing the most cost-effective means of preventing and reducing at risk behaviors among our nation's youth. The results of this study suggest that these five week treatments may simply not have been powerful enough to effect change in the proscribed areas. One implication for practice may be to implement longer-term and more in-depth group experiences when working with a similar population.

Third, in some respects, the treatments may have been "counter-cultural" for some of the young people in this group. For instance, the goal setting and life planning notions of the goal setting treatment clearly clashed with an "I don't care" attitude held by some students and went against the general anomie that is pervasive among this population. While this attitude clearly belies other feelings and issues that are under the surface, it is nevertheless expressed and reinforced within many peer clusters (McWhirter, McWhirter, McWhirter, & McWhirter, in press). Further, the behaviors and attitudes that are the basis of anger control violate many of the interpersonal norms that are reinforced among many at risk youth. Such norms are influenced by gangs that teach a very different message about the usefulness and value of violence and of "posturing" as a means of social survival (McWhirter et al., in press). While the notion of the treatments being "counter-cultural" should not be

overstated, it nevertheless may help to explain the failure of these short-term treatments to effect change in comparison to the control condition. Longer treatment groups may be necessary to facilitate the development of stronger and more positive peer norms among group members that can offset pressures to act like peers engaged in self-defeating behaviors.

A fourth reason that the results failed to support the hypotheses may be that, given the nature of the curriculum at this particular alternative high school, the participants in the control condition may have received skill building techniques similar to the treatment groups. Teaching problem solving, critical thinking skills, and responsibility are part of the school's philosophy, and these skills are consistent with some of the goal setting and anger control techniques that were taught in each of the treatment groups. In other words, all students may have received a type of treatment. This, and the notion of diffusion or imitation of treatments (Cook & Campbell, 1979), may be one explanation for the overall significant time effect found on the Anger Management Efficacy subscale that indicated all groups significantly improved their efficacy beliefs for anger control between pre- and post-test. The fact that the group leaders consisted of a team of therapists-in-training and teachers, rather than experienced group leaders, may have also contributed to this phenomenon.

Finally, lack of randomization, loss of data due to the transient nature of the student body (via attrition or poor attendance), and the fact that group leaders lead only one type of treatment group, influenced the outcome of this study and must be considered when reviewing the results. Recommendations for future research and practice parallel these limitations. Studies in this area should attempt to augment the potential number of students receiving treatment and increase both the length and depth of the treatment interventions in order to maximize their effectiveness for students at risk for school dropout and other psychosocial problems. Published group programs, such as the ones implemented in this study, are frequently used but infrequently evaluated. In terms of implications for group practice, the

results of this study suggest that such treatments, in their current format, may be ineffective for this population. Thus, care should be taken not to stress the efficiency of short-term published group programs until their clinical and educational effectiveness has been empirically demonstrated. Consideration of each of these issues could enhance the design of outcome studies in this area that, like this one, involve multiple interventions and participation over time in a naturalistic setting, while at the same time more effectively attend to the prevailing needs of adolescents with skill deficits and self-destructive attitudes related to their present and future.

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Table 1

Summary Data on Each Testing Occasion for Each Treatment and Control Group

Testing Occasion		Treatment Groups: Anger Management (n = 19)	Goal Setting (n = 24)	Control (n = 14)
		STAXI-Full Scale		
Pretest	M	94.58	99.73	87.54
	SD	17.00	14.83	14.44
Posttest	M	99.58	94.14	88.08
	SD	23.99	22.25	18.65
Cohen's d		-.24	.30	-.03
		STAXI-State Anger		
Pretest	M	14.74	16.68	14.15
	SD	6.31	7.44	7.49
Posttest	M	17.37	15.75	13.77
	SD	10.98	8.13	8.89
Cohen's d		-.29	.12	.05
		STAXI-Trait Anger		
Pretest	M	22.11	24.62	21.17
	SD	8.94	7.93	6.20
Posttest	M	24.24	23.46	20.23
	SD	10.28	7.85	6.00
Cohen's d		-.22	.15	.15

Table 1 (cont.)

Testing Occasion		Treatment Groups: Anger Management (n = 19)	Goal Setting (n = 24)	Control (n = 14)
		STAXI-Anger Expression		
Pretest	M	57.74	58.10	52.31
	SD	7.26	7.10	8.21
Posttest	M	58.05	57.71	54.08
	SD	12.35	11.23	9.72
Cohen's d		-.03	.04	-.20
		Self-Efficacy Measure (Full Scale)		
Pretest	M	284.74	296.83	301.71
	SD	49.75	41.97	50.16
Posttest	M	302.26	297.13	308.79
	SD	58.55	73.18	42.60
Cohen's d		-.32	.00	-.15
		Anger Management Efficacy Subscale		
Pretest	M	87.60	93.21	97.21
	SD	17.29	14.24	16.25
Posttest	M	94.90	98.95	100.50
	SD	22.84	16.02	16.13
Cohen's d		-.36	-.38	-.20

Table 1 (cont.)

Testing Occasion		Treatment Groups: Anger Management (n = 19)	Goal Setting (n = 24)	Control (n = 14)
		Goal Setting Efficacy Subscale		
Pretest	M	141.32	144.89	144.64
	SD	23.31	22.25	24.09
Posttest	M	149.20	148.28	148.21
	SD	27.81	22.71	20.40
Cohen's d		-.31	-.15	-.16
		Group Behavior & Communication Skills Efficacy Subscale		
Pretest	M	58.43	61.58	61.10
	SD	11.41	9.92	12.12
Posttest	M	60.16	60.26	61.14
	SD	12.44	10.77	9.40
Cohen's d		-.14	.13	.00

Note. STAXI = State-Trait Anger Expression Inventory; Higher scores on the STAXI indicate greater proneness to experience, express, or suppress anger; Higher scores on the Self-Efficacy Measure represents greater perceived self-efficacy. Cohen d effect size based on pre- to post-test change for each condition, with .2 = small, .5 = medium, and .8 = large effect sizes.

Table 2

Repeated Measures Analysis of Variance for Treatment Groups

Source of Variation	SS	df	MS	F	Sig F
		STAXI-Full Scale			
Between-Subjects Effects					
Within Cells	25076.10	51	491.69		
Group	1668.50	2	834.25	1.70	.193
Within-Subjects Effects					
Within Cells	12174.27	51	238.71		
Time	.01	1	.01	.00	.995
Group by Time	579.14	2	289.57	1.21	.306
		STAXI-State Anger			
Between-Subjects Effects					
Within Cells	4377.93	51	85.84		
Group	94.28	2	47.14	.55	.581
Within-Subjects Effects					
Within Cells	2682.60	51	52.60		
Time	4.95	1	4.95	.09	.760
Group by Time	70.71	2	35.35	.67	.515

Table 2 (cont.)

Source of Variation	SS	df	MS	F	Sig F
		STAXI-Trait Anger			
Between-Subjects Effects					
Within Cells	6022.71	51	118.09		
Group	185.28	2	92.64	.78	.462
Within-Subjects Effects					
Within Cells	827.13	51	16.22		
Time	.00	1	.00	.00	.990
Group by Time	63.76	2	31.88	1.97	.151
		STAXI-Anger Expression			
Between-Subjects Effects					
Within Cells	4456.74	50	89.13		
Group	434.89	2	217.44	2.44	.098
Within-Subjects Effects					
Within Cells	4707.68	50	94.15		
Time	8.19	1	8.19	.09	.769
Group by Time	18.66	2	9.33	.10	.906

Table 2 (cont.)

Source of Variation	SS	df	MS	F	Sig F
Self-Efficacy Measure (Full Scale)					
Between-Subjects Effects					
Within Cells	200980.23	54	3721.86		
Group	2228.74	2	1144.37	.31	.737
Within-Subjects Effects					
Within Cells	125284.31	54	2320.08		
Time	1868.99	1	1868.99	.81	.373
Group by Time	1578.65	2	789.33	.34	.713
Anger Control Efficacy Subscale					
Between-Subjects Effects					
Within Cells	22080.52	54	408.90		
Group	1004.56	2	502.28	1.23	.301
Within-Subjects Effects					
Within Cells	10068.90	54	186.46		
Time	803.48	1	803.48	4.31	.043
Group by Time	64.84	2	32.42	.17	.841

Table 2 (cont.)

Source of Variation	SS	df	MS	F	Sig F
		Goal-Setting Efficacy Subscale			
Between-Subjects Effects					
Within Cells	39688.74	54	734.98		
Group	41.03	2	20.52	.03	.972
Within-Subjects Effects					
Within Cells	20212.98	54	374.31		
Time	663.58	1	663.58	1.77	.189
Group by Time	124.18	2	62.09	.17	.848
		Group Behavior & Communication Skills Efficacy Subscale			
Between-Subjects Effects					
Within Cells	9061.43	54	167.80		
Group	73.92	2	36.96	.22	.803
Within-Subjects Effects					
Within Cells	4054.02	54	75.07		
Time	.61	1	.61	.01	.929
Group by Time	49.61	2	24.81	.33	.720

Note. STAXI=State-Trait Anger Expression Inventory. Differences in degrees of freedom are due to missing STAXI post-test data in some cases.